

 4026	Public Service Commission of Wisconsin (9385) - TRACFONE WIRELESS INC Commercial Mobile Radio Service Provider Annual Report For Year Ending December 31, 2008
Rules for Reporting Assessable Revenue Definitions Help	
* - indicates required fields	
Signature	
I certify that I am the person responsible for accounts; that I have examined the following report and, to the best of my knowledge, information and belief, it is a correct statement of the business and affairs of said utility for the period covered by the report in respect to each and every matter set forth therein.	
Utility Name: TRACFONE WIRELESS INC Person responsible for accounts: CHESLEY DILLON * Title of person responsible for accounts: VP - CORPORATE TAX * Date: 07/24/2009 * (mm/dd/yyyy)	
Identification	
Utility Name: TRACFONE WIRELESS INC Street Address: 9700 NW 112 AVENUE * PO Box: PO Box Zip: City: MIAMI * State: FL * Zip: 33178 * Web Site Address: TRACFONE.COM Business Customers Phone: 3056402000 Example 6085551212 Ext: Residential Customers Phone: 3056402000 Example 6085551212 Ext:	
Primary Address - Primary Utility Contact (located at utility address)	
Name: CHESLEY DILLON * Title: VP - CORPORATE TAX * Firm/Company: TRACFONE WIRELESS INC * Office Address: 9700 NW 112 AVENUE * PO Box: PO Box Zip: City: MIAMI * State: FL * Zip: 33178 * Fax Number: 3054182696 Example 6085551212 Phone Number: 3057153733 * Example 6085551212 Email Address: CDILLON@TRACFONE.COM *	
Annual Report Contact - Contact Person for Information Contained in This Annual Report	
<input checked="" type="checkbox"/> Same As Primary Address Name: * Title: * Firm/Company: * Office Address: *	

PO Box: PO Box Zip:
City: * State: * Zip: *
Fax Number: Example 6085551212
Phone Number: * Example 6085551212
Email Address:

Regulatory Contact - Contact Person for Regulatory Inquiries and Complaints☒ Same As Primary Address

Name: *
Title: *
Firm/Company: *
Office Address: *
PO Box: PO Box Zip:
City: * State: * Zip: *
Fax Number: Example 6085551212
Phone Number: * Example 6085551212
Email Address:

Assessable Revenues

- 1) Do you currently provide commercial mobile radio service (CMRS) service in Wisconsin? Y (Y/N) *
- 1a) If not, please state the nature of your entity's business.
- 1b) If not, do you intend to provide CMRS service in Wisconsin at a future date? (Blank/Y/N)
- 2) Do you believe that this year's CMRS revenues have already been reported to the Commission? N (Y/N) *
- 2a) If yes, provide particulars concerning annual report (utility name and number, report name, page and line number and dollar amount).
- 2b) If no, provide your assessable revenues (*in 000's*) for Universal Service Fund assessment purposes. (000's)
- Wisconsin Gross Intrastate Operating Telecommunications Service Revenue **CONFIDENTIAL**

Annual Report Notes (if applicable)

TRACFONE WIRELESS INC IS A NON-FACILITIES RESELLER OF CMRS AND SELLS PREPAID WIRELESS SERVICES.

Please print this report before submitting it to the Commission. Once the report is submitted you will not be able to print it.

When the submit button is clicked, the program will check for errors and display a message to the right of any box with an error. If there are no errors, a confirmation page will appear.

Print

Check for Errors & Submit